## PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Division of Procurement Services intranet site (Forms page) for additional instructions.

Department Office/Division/Program:  Department Contract Administrator or Grant Coordinator:  (If applicable) Department Reference #:  Amount: (Contract/Amendment/Grant)  Proposed Start Date:  AMENDMENT  Original Start Date: Project Start Date: Project End Date:  Vendor/Provider/Grantee Name,  Office of the State Auditor (OSA)  Kristin Guerette, Audit Manager – Administration Jacob Caron, Principal Auditor  RQS27A202206300000000001527  RQS #:  RQS27A202206300000000001527  RQS #:  Proposed End Date: Seffective Date: New End Date: Grant Start Date: Grant Start Date: Project End Date: CCH Incorporated DBA Wolters Kluwer Tax & Accounting	PART I: OVERVIEW								
Grant Coordinator: Jacob Caron, Principal Auditor  (If applicable) Department Reference #:  Amount: (Contract/Amendment/Grant) \$ 28,730.00 Advantage CT / RQS #: RQS27A20220630000000001527  CONTRACT Proposed Start Date: Proposed End Date: 8/31/2023  AMENDMENT Original Start Date: Previous End Date: New End Date: Previous End Date: Project Start Date: Grant Start Date: Project End Date: Grant End Date: Grant End Date: Project End Date: Grant End Date: Project End Date: Grant End Date: Project End Date: Project End Date: Grant End Date: Project End Date: Project End Date: Grant End Date: Project End Da	Department Of	Office of the State Auditor (OSA)							
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City State: Chicago II	Vendor/Provider/Grantee Name, City, State:			CCH Incorporated DBA Wolters Kluwer Tax & Accounting Chicago, IL					
Brief Description of Goods/Services/Grant: 24 Audit Engagement Software license subscriptions for Electronic workflow and workpapers for Government entities	Brief Description of			24 Audit Engagement Software license subscriptions for Electronic					

PART II: JUSTIFICATION FOR VENDOR SELECTION							
Check the box below for the justification(s) that applies to this request. (Check all that apply.)							
	A. Competitive Process		G. Grant				
	B. Amendment		H. State Statute/Agency Directed				
	C. Single Source/Unique Vendor		I. Federal Agency Directed				
	D. Proprietary/Copyright/Patents		J. Willing and Qualified				
$\boxtimes$	E. Emergency		K. Client Choice				
	F. University Cooperative Project		L. Other Authorization				

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Please respond to ALL of the questions in the following sections.

## PART III: SUPPLEMENTAL INFORMATION

 Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

OSA currently completes audit engagements by paper. This includes printing all workpapers and hand reviewing and approving all workpapers, which then are bound and stored. Engagement software from CCH Incorporated will modernize OSA's workflow from start to finish. It will allow for auditing workpapers to be completed, reviewed and approved electronically. This will streamline the audit process and create efficiencies by allowing remote access to files while auditing in the field, in the office or home. The software will maximize telework capabilities; automate the archiving processes; reduce printing, paper, and other office supplies; and at the same time minimize employees need to interface, especially during a pandemic.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

The need for this software is immediate and the State Office of Information Technology (OIT) does not offer this type of software. Therefore, we need to obtain it directly from the service provider, CCH Incorporated DBA Wolters Kluwer Tax & Accounting. This is a specialized industry with limited vendors being able to provide the exact product we require.

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

OSA viewed demonstrations by three vendors and selected the vendor with the lowest cost per license that also includes deployment, training, and consultation. One vendor only offered a cloud-based system which is not an approvable option. The price per user license of \$766 is less than the competitive bid of \$1350.

4. Describe the plan for future competition for the goods or services.

The need for this software is immediate and the State Office of Information Technology (OIT) does not offer this type of software. Therefore, we need to obtain it directly from the service provider.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)
Does this request utilize ARPA/MJRP funds?
☐ Yes – If Yes, please attach the approved Business Case(s).
⊠ No – If No, proceed to Part V.

PART V: APPROVALS								
The signatures below indicate ap	proval of this procurement request.							
Signature of requesting Department's Commissioner (or designee):	MACK							
Typed Name:	Jacob B. Norton, State Auditor	Date:	6/30/22					
Signature of DAFS Procurement Official:	Joseph Brioka							
Typed Name:	Joseph Zrioka, Director of IT Procurement	Date:	6/30/2022					